



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Mody et al.

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Application No.: 09/660,466

Examiner: Roane, Arron F. #15

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Group: 3739

Title: SURGICAL MICROWAVE ABLATION
ASSEMBLY

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first-class mail on October 20, 2003 in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

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Agnes Spence

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TO OBVIATE AN OBVIOUSNESS-TYPE
DOUBLE PATENTING REJECTION**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The owner(s), AFx, Inc., of the entire interest in the above-identified application hereby disclaims, except as provided below, the terminal part of the statutory term of any patent granted on the above-identified application, which would extend beyond the expiration date of the full statutory term defined in 35 U.S.C. §§154 to 156 and §173 of prior United States Patent No. 6,325,796 (hereafter "prior patent"), as presently shortened by any terminal disclaimer. The owner(s) hereby agrees that any patent so granted on the above-identified application shall be enforceable only for and during such period that it and the prior patent are commonly owned. This agreement runs with any patent granted on the above-identified application and is binding upon the grantee, its successors or assigns.

In making the above disclaimer, the owner does not disclaim the terminal part of any patent granted on the above-identified application that would extend to the expiration date of the full statutory term as defined in 35 U.S.C. §§154 to 156 and §173 of the prior patent, as presently shortened by any terminal disclaimer, in the event that the prior patent later: expires for failure to pay a maintenance fee, is held unenforceable, is found invalid by a court of competent

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The undersigned is an agent or attorney of record.

Enclosed is our Check No. 20339 in the amount of \$110.00 to cover the disclaimer fee. If the required fees are not enclosed or additional fees are required to facilitate filing of this paper, please charge such fees or credit any overpayment to Deposit Account No. 500388 (Order No. FMT1P029).

Respectfully submitted,

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